

# LOBBYING REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbying Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 11-7-98

1980049

REG

1. NAME Privette Warren R.  
Last First MI

2. BUSINESS PHONE (318) 483-3808

3. BUSINESS ADDRESS P. O. Box 1110, Alexandria, LA 71309-1110  
Street and No. City State Zip

4. EMPLOYER Roy O. Martin Lumber Company, Inc.

5. EMPLOYER'S ADDRESS P. O. Box 1110, Alexandria, LA 71309-1110  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes        No ✓

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Roy O. Martin Lumber Company, Inc.

Address P. O. Box 1110, Alexandria, LA 71309-1110

Business or purpose Timber, Forest Products Manufacturing

☐ New Representation  
Does this person pay you? yes

If No, who pays you?       

☐ Terminated Representation as of

SUPPLEMENTAL REGISTRATION FORM



2. Name LA Society for Human Resource Management

Address P. O. Box 1591, Baton Rouge, LA 70821

Business or purpose Non-Profit Professional Society-Association

☐ New Representation  
Does this person pay you? No

If No, who pays you? Employer, Roy O. Martin Lumber Company, Inc.

☐ Terminated Representation as of \_\_\_\_\_

3. Name LA Association of Self-Insured Employers

Address P. O. Box 4151, Baton Rouge, LA 70801

Business or purpose Business Association of Worker's Comp. Self-Insureds

☐ New Representation  
Does this person pay you? No

If No, who pays you? Employer, Roy O. Martin Lumber Company, Inc.

☐ Terminated Representation as of \_\_\_\_\_

State of Louisiana

Parish of Rapides

Before me, the undersigned authority, personally came and appeared Warren R. Privette, who,  
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

A handwritten signature in cursive script, appearing to read "Warren R. Privette".  
Signature of Lobbyist

Sworn to and subscribed before me on this 7th day of January, 19 99.

A handwritten signature in cursive script, appearing to read "Cheryle M. Verzwylt".  
Notary Public, Cheryle M. Verzwylt

